

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107019265 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1/01	/						51					
1/02	/						52					
1/03	/						53					
1/04	/						54					
1/05	/						55					
1/06	/						56					
1/07	/	/					57					
1/08	/						58					
1/09		/					59					
1/10	/						60					
1/11	/						61					
1/12	/						62					
1/13	/						63					
1/14	/	/					64					
1/15	/						65					
1/16	/						66					
1/17	/						67					
1/18	/	/					68					
1/19	/						69					
1/20	/						70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-975)**

SERIAL NO. **10/019265** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3						
4						
5	/					
6	/					
7						
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
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31						
32						
33						
34	/					
35	/					
36	/					
37	/					
38	/					
39	/					
40	/					
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	/					
TOTAL DEP.	0					
TOTAL CLAIMS	1					

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51	/			
52	/			
53	/			
54	/			
55	/			
56	/			
57	/			
58	/			
59	/			
60	/			
61	/			
62				
63				
64	/			
65				
66				
67	/			
68				
69	/			
70				
71				
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81				
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85				
86				
87				
88				
89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.	7			
TOTAL DEP.	42			
TOTAL CLAIMS	59			